2016 - 12 - 18 - 08 - 00125489

FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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1.	NAME O	F TEE (in full)	TYPE OR I	PRINT V		mple: If typ r the lines.	ing, type		4M5		
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	than	ck if different previously orted. (ACC)	BEE	CU 6	RUVE			1,2	Hel	07-	
2.	FEC IDE	ENTIFICATION N	IUMBER ▼		CITY A			STATE 4		ZIP COD	DE 🛦
	C 0	0.522.4	7.4	;	3. IS THIS REPORT	X	NEW (N) OI	3	AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)	(b) Mor Rep Due	- 11 11	Feb 20 (M2)	bel! e=n	May 20 (N Jun 20 (M	iaccii Factori	Aug 20 (M8) Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) · Qua	rterly Reports:			Apr 20 (M4)		Jul 20 (M7	البيطة جعود	Oct 20 (M10)		(Non-Election Year Only) Jan 31 (YE)
		April 15 Quarterly Report ((Q1) (c)	12-Day		Primary (12		identi:	eneral (12G)	<u>kaseli</u> Maraj	Runoff (12R)
		July 15 Quarterly Report (PRE-Election	7.30b.	Convention		March.	ecial (12S)		rtunon (1211)
		October 15 Quarterly Report ((Q3)	neport for ti	ne:			نـــــــــــــــــــــــــــــــــــــ			
,		January 31 Year-End Report ((YE)	E	lection on		0-0	/ The state of the	11	in the State of	
		July 31 Mid-Year Report (Non-electi Year Only) (MY)	ion (d)	30-Day	/->	General (30)G)	Ru	inoff (30R)		Special (30S)
		Termination Report (TER)	rt.	Report for the	lection on		80	′ <u>2</u> ĕ	16	in the State of	IX
5.	Covering	Period	0	7 26	ğ Tiğ	through	[17]	7 2	8 26	76	
	-	have examined	-		•	_	belief it is	true, corre	ect and comple	ete.	
Тур	e or Print	Name of Treasur	rer _	$\rho \sim$	INIE	AIC					
Sig	nature of	Treasurer	DE	Num	rea	<u> </u>	 	Date	12 3	25	20 (CO
NO	TE: Submi	ssion of false, erro	neous, or inc	omplete inforr	nation may s	ubject the pe	erson signin	g this Repo	rt to the penalt	ies of 2 U	J.S.C. §437g.
ł	Off	ice se			-					FOR Rev. 12/20	

2016 - 12 - 15 - 05 - 00125490

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name INDIAMA RESULT	BUCAN ASSEME	BUY SUPER PAC
Report Covering the Period: From:	18 18 1 2016 T	o: 17/26/2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		(129
(b) Cash on Hand at Beginning of Reporting Period	342	
(c) Total Receipts (from Line 19)	2,513,41	4633.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	257689	4632 54
7. Total Disbursements (from Line 31)	24242	448001
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		15247
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		•
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	16,90067	
This committee has qualified as a multion	candidate committee. (see FEC FORM 1M)	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

Write or Type Committee Name

2016 - 12 - 18 - 08 - 00125491

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

INDIANA	REPUBLICAN	ASSEMBLY	SUPERPAC

Report Covering the Period:

70'01'57'5016

то: 1.0 / 28 / 20 (6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	07000	02160
(i) Itemized (use Schedule A)	85000	73/308
	1072112	03100
(ii) Unitemized	1,123,41	25100
(iii) TOTAL (add	つてつつじっ	1/220
Lines 11(a)(i) and (ii)▶	45.13.4.1	7.6338
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	15 13 47	46.358
2. Transfers From Affiliated/Other		
Party Committees		
·		
3. All Loans Received		
4. Loan Repayments Received		
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
6. Refunds of Contributions Made		
to Federal Candidates and Other		·
Political Committees		
7. Other Federal Receipts (Dividends, Interest, etc.)		
(Dividends, Interest, etc.)		
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 		
(from Schedule H3)		
(ITOTIT Schedule 193)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
	A second	Control of the Contro
7. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	257347	4633.8
). Total Federal Receipts		
	757747	46,200
(subtract Line 18(c) from Line 19) ▶	1	4633.8

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		- Calcinati Teal to Date
	Activity (from Schedule H4)		
	(i) Federal Share	A STATE OF STATE OF STATE OF STATE OF	
	(ii) Non-Federal Share		
	(b) Other Federal Operating	7444	22 99 860
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		72.99.06
22	Transfers to Affiliated/Other Party		
££.	Committees		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
	(use Schedule E)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	175601
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		
		10.000	42500
26.	Loan Repayments Made		7 25.00
	Loans Made Refunds of Contributions To:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	,		
	(d) Total Contribution Refunds	the second secon	
	(add Lines 28(a), (b), and (c))▶		
	•		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share		
	(i) rederal State		
	(ii) "Levin" Share		4
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		
		to the control of the	A service of the serv
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	242442	440007
00	Total Factoral District	Name of the control o	Same Taranatana Tananan Masa Sana Sana Sana Sana Sana Sana Sana S
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2450112	4000m
	from Line 31)	51446	17000
			·

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

ursements

Page 5

111	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	251347	463383
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	257347	463393
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	114441	229906
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1,4441	2299 Xe

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	lian compute colonidate	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
MONAHA REPUBLICAN	ASSOMBLY	SUPERPAC
Full Name (Last, First, Middle Initial) A. MINITAR, SP		Date of Receipt
Mailing Address Whitecamb ANK	7in Code	70 03 2016
IMOGAMAPOLLS 1 State	Zip Code 46224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0.00.00
	N OFFICER	
Receipt For: Primary General Other (specify) ▼	e Year-to-Date ▼ 87500	
Full Name (Last, First, Middle Initial)		
B. SELF, MIKE		Date of Receipt
Mailing Address 3656 MAGARTHUR LH		10 73 2016
City NOIAMAPOULS State	Zip Code College	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<u> </u>	5000
Name of Employer Occupation	on .	
Receipt For: Aggregat	e Year-to-Date ▼	
Other (specify) ▼	125.00	
Full Name (Last, First, Middle Initial) C. PATTENACE		Date of Receipt
Mailing Address 3600 DEDAWW BLUD		70'37'Z016
City DIANAPOUS INState	Tip Code 46268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20000
19/11/10/04	BRANCE EDOC	
Receipt For: Primary General Other (specify) ▼ Aggregat	e Year-to-Date ▼ 40000	
SUBTOTAL of Receipts This Page (optional)	•	
TOTAL This Period (last page this line number only)	•	85000

SCHEDULE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE N		PAGE OF			
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 2	24 25 26			
	Detailed Summary Page	27	28a 28b	28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Edil)						
INDIANA REPUBLICAN	1 ASSEMBLE	4 5	JPEA P	AC			
Full Name (Last, First, Widdle Initial)		<i>'</i>	Date of Disbursemen	nt ·			
LSP5	r - matter		170/197				
Mailing Address TO MAIN 5T			19 05	2010			
Purpose of Disbursement	tate Zip Code)					
Purpose of Disbursement	7.5						
Candidate Name			Amount of Each Dis	bursement this Period			
		Category/ Type		45.00			
Office Sought: House Disburserr Senate	nent For: Primary General						
	Other (specify)						
State: District:	·						
Full Name (Last, First, Middle Initial) B.			Date of Disburseme	nt			
B. SUTEP INN Mailing Address			M/m/ STA	· [27]			
310 Primose L	-N		1001	1010			
MOUNTVILLE	State Zip Code PA 17554	;					
Purpose of Disbursement DOGING			Amount of Each Dis	bursement this Period			
Candidate Name		Category/		179 85			
Office Sought: House Disbursem		Type					
	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)			· · · · · · · · · · · · · · · · · · ·				
C. STAPLES			Date of Disburseme	nt			
Mailing Address 8245 F 96 TH	57		10 28	2016			
City NOIAN APOUS	State Zip Code 4625	-6	***				
Purpose of Disbursement							
SUPPLIES Candidate Name			Amount of Each Dis	bursement this Period			
- 5.1.600.00		Category/ Type		3177			
Office Sought: House Disbursen							
	Primary						
State: District;							
SUBTOTAL of Disbursements This Page (optional)							
SOUTOTAL OF DISOUSSEMENTS THIS Tage (Optional)							
TOTAL This Period (last page this line number only).		·····		1451			

SCHEDOLL B (I LC I OHIII SX)	Use separate schedule(s)	FOR LINE N		PAGE OF
ITEMIZED DISBURSEMENTS	for each category of the	(check only o		Nax Das Das
	Detailed Summary Page	21b 27	22 23 28b 28b	25 26 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or used			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Full Name (Last, First, Middle Initial)	BUCAN A	55EM	BLY SU	per pac
			Date of Disburseme	•
" RICK TRADER -	CCRSHOL	J	MAN / DISDUISEINE	···
Mailing Address MARLE RD			60 31	7016
DEPTFORD NJ	zip Code			
Purpose of Disbursement			Amount of Each Di-	bursement this Period
Candidate Name		Cotoco	Amount of Each Dis	Bursement unis Period
DONALD TRUMP		Category/ Type		7,8001
Office Sought: House Disbursen	— 3		-	
	Primary General Other (specify) ▼		·	
State: District:	= mer (opeon)) ▼			
Full Name (Last, First, Middle Initial)				
B. Baight HOUSE	•		Date of Disburseme	nt
Mailing Address			17/10	(725 16
5 9 5 0 (2005 EV			المصاا المصا	
	State Zip Code	18	-	
Purpose of Disbursement	10 -102			
CHTERNET			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		10850
Office Sought: House Disbursen	nent For:	Туре		
	Primary General		•	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent
60 DAODY				1 TOTAL
Mailing Address HAYD	EN ROAD		6050	
ScottsDALE Surpass of Dishusement	State Zip Code S526	20		
Purpose of Disbursement WCS — , MARCH			Amount of East D	Shureamant this Dade !
Candidate Name		Category/ Type	Amount of Each Dis	Sursement this Period
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	(opoon)) ▼			
		-		
SUBTOTAL of Disbursements This Page (optional)	· · · · · · · · · · · · · · · · · · ·	······		
TOTAL This Period (last page this line number only)		_ _		109200

SCHEDULE B. (FEC Form 3X)

SOILEDOLL B (I LO I OIIII OX)	Use separate schedule(s)	FOR LINE NUM		PAGE OF	= ———
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		22 23 24	25 3c 29	26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	AN Assem	34 5	SUPER	PAC	
A. Mailing Address		7	ate of Disbursement	201	9
Purpose of Disbursement WERNET Candidate Name Office Sought: House Senate	State, Zip Code	An Category/ Type	nount of Each Disbur	sement this Pe	eriod
B. Color City Color City C	State Zip Code	Da	ate of Disbursement	25/0	0
Purpose of Disbursement CADLO Candidate Name DONALD Office Sought: House Senate	[N 4622]	Category/ Type	nount of Each Disbur	sement this Pe	eriod
Full Name (Last, First, Middle Initial) C. RESTORIO + COPE Mailing Address HOSO AND 62-10	COMMUNITY	CH Da	ate of Disbursement	251	6
City Purpose of Disbursement Candidate Name Office Sought: House Senate	·		nount of Each Disbur	sement this Po	eriod
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		<u> </u>		376	50

SCHEDULE	В	(FEC	Form	3X)
ITEMIZED D	ISE	BURSE	MENT	ſS

CHEDOLE B (FEC FORM 3X)	Use separate schedule(s)	FOR LINE N						
TEMIZED DISBURSEMENTS	for each category of the	(check only of	one) 22	724 725 26				
	Detailed Summary Page	27	28a 28b	28c 29 30b				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)							
	SUCAN A	55EM	13LY S	JOEN PAC				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent				
Mailing Address City Purpose of Disbursement	IANA ST		70 22	7 2016				
City ALD LAND OD CLE S	itate Zip Code	+						
Candidate Name		Category/	Amount of Each D	Disbursement this Period				
Office Sought: House Disbursem		Type		500				
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)		-						
3. SEROS AND RE	STANRASTS		Date of Disbursen	nent				
Mailing Address 11720 E WASHING TO			10 2	3 23 (10				
City /NDIANA DECLS	Statey Zip Code	,						
Purpose of Disbursement			Amount of Each [Disbursement this Period				
Candidate Name		Category/ Type	289					
Office Sought: House Disburser	-_/	. 76 -						
	Primary General Other (specify) ▼							
State: District:	·							
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent				
MOORE JEHNIE			76 5	72700				
Mailing Address OU LANTERN	RD							
City NOGANAPOXIS	State Zip Code	9	·	·— — — — — — — — — — — — — — — — — — —				
Purpose of Diabursement								
Candidate Name		Category/ Type	Amount of Each I	Disbursement this Period				
Office Sought: House Disburser	nent For: Primary General							
<u> </u>	Other (specify)							
SUBTOTAL of Disbursements This Page (optional)		>						
TOTAL This Period (last page this line number only)		>		, 39235				

SCHEDULE B (FEC FUIII 3A)	Han congrete cohedula(a)	FOR LINE N	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	210	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or used t	by any perso	<u></u>
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	/ /		
•	AN HISCU	75C	Y SUPER PAC
Full Name (Last, First, Middle Initial)			Date of Disbursement
SOCEDWAY			My Selvente
Mailing Address CHURCH MAN	AVE		
City W: OLA Y JADOL L C	tate Zip Code // Http://		
Purpose of Disbursement	//V -100 [
GAS			Amount of Each Disbursement this Period
Candidate Name	C	ategory/ Type	308 30
Office Sought: House Disbursem	nent For:	туре	
	Primary General		•
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B			Date of Disbursement
Mailing Address			[MAKE , LOGO] , LAGADANA
Mailing Address			المسا الما الما
City	State Zip Code		
Purpose of Disbursement	·		
	·		Amount of Each Disbursement this Period
Candidate Name	. C	Category/ Type	
Office Sought: House Disbursem			
└	Primary ☐ General Other (specify) ▼		
State: District:	··· \		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
City	State Zip Code		
Purpose of Disbursement	- 15.1		
· 			Amount of Each Disbursement this Period
Candidate Name	C	Category/ Type	
Office Sought: House Disbursen		-,-	
<u>├</u> ──┤ <u>├</u> ─┤	Primary General		
State: District:	Other (specify) ▼	.	
SUBTOTAL of Disbursements This Page (optional)		······· >	
TOTAL This Period (last page this line number only).		······ >	30800

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)				
INDIANA REPUBLICAN ASSEMBLY SUPER PAC				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election.			
BROWN, DONNA M				
Mailing Address PORT ANDRINCE, AR	7—3 Other (specify) ▼			
City MOIANAPOUS State IN ZIP Code 46224				
Original Amount of Loan				
150000 82500 ,67500				
TERMS Date Incurred Date Due	Interest Rate Secured:			
9 23 20 6 72 31 70 16 % (apr) & Yes No				
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
•	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Schedule D. for this line, If no Schedule D. carry forward to appropriate line of Summary				

SCHEDULE C (FEC FUIII 3A)			
LOANS	Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)	-		
IMOIANA REPUBLICAN	I ASSEMBLY STORM PAC		
LOAN SOURCE Full Name (Last, First, Middle Initial) Election:			
BROWN, DONNA M			
Mailing Address 5710 PORT AV PRINCE, ADT B City / VIN / ANA-DOLL State / I/ ZIP Code CHITCH			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
7,00000	=		
TERMS			
Date Incurred Date Due Date Due Date Due	Interest Rate Secured: W(apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	(0)		
TOTALS This Period (last page in this line only)			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
		ASSEMBLE	
LOAN SOURCE Full Name (Last, First, Mice SEORGE FULL Mailing Address 259 Stovx Ct Act City NORCES IN U.S.	1		Primary Seneral Other (specify)
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
80000			80000
Date Incurred	Date Due	Interest Rate	Secured: Yes
List All Endorsers or Guarantors (if any) to	o Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	•
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only			80 000

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) **LOANS**

PAGE Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

OF

NAME OF COMMITTEE (In Full)	,			
MOGANA REPUBLICAN ASSEMBLY SUPER-PAC				
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:			
Mailing Address Other (specify) Other (specify)				
	Other (specify) ▼			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 11,00000 1402.00 9,59600				
TERMS				
Date Incurred Date Due Interest Rate Secured: 177 207 207 72 37 207 6 (apr) Yes No				
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
-3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation .			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
	10 00 5 2247 4
Check if 24-hour notice 48-hour notice	on and a state of the section of the
Full Name (Last, First, Middle Initial) of Payee Date	
I maning radious.	0/31/2016
766 MARKE RD Amoun	t
OBOTTORD NI OBO96	98201
Purpose of Expenditure Category/ Office Sough	t: House State:
TASO AS	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	Support Oppose
	t For: Primary General
Full Name (Last, First, Middle Initial) of Payee Date	
MINIEUR, KRISTINA, I	19 2016
Mailing Address 3568 N WHITCOMB AVE Amoun	STA CAMPAGE CONTRACTOR WITH MARKET
INDIANAPOLIS State Zip Code HOZZY	20500
Purpose of Expenditure Category/ Type Office Sough	t: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TO HALD TRUMP Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursemen	t For: Primary General
العال الله (a) SUBTOTAL of Itemized Independent Expenditures	11 8001
(b) SUBTOTAL of Unitemized Independent Expenditures	and the second s
(c) TOTAL Independent Expenditures	1.8001
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if to party committee) any political party committee or its agent.	
Signature Date 1/2	05' 20 1Ce

NRA Super OAC POBIX 721 BOKU OMUE, IN UBIOT TEDERAL RIECTION COMPTING ORGENTY NA CAREET, NW MASHINGTON, DR. 20463 18

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail 2 6 6 6 6 6 6 6 6 6	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER (3/2015)	12/13/16 DATE PREPARED